

Amendments to the Claims:

Claims 1 -4 (Cancelled).

5. (Currently Amended) A system for accessing a surgical target site, comprising:

an initial distraction system for creating an initial distraction corridor, wherein said initial distraction assembly includes a K-wire and at least one dilator capable of being slideably passed over said K-wire to perform said initial distraction; and

an assembly capable of being guided to said surgical target site along said at least one dilator of said initial distraction assembly and distracting from said initial distraction corridor to a secondary distraction corridor and thereafter receiving a plurality of retractor blades for retracting from said secondary distraction corridor to thereby create an operative corridor to said surgical target site;

wherein at least one of said initial distraction system and one of said retractor blades includes at least one stimulation electrode.

6. (Currently Amended) The system of claim 5, further comprising a control unit capable of electrically stimulating said at least one stimulation electrode, sensing a response of a nerve depolarized by said stimulation, determining at least one of nerve proximity and nerve direction from at least one of said initial distraction system and one of said retractor blades to the nerve based upon the sensed response, and communicating at least one of visual indicia and audio communications to a user ~~indicia~~ representing at least one of said nerve proximity and said nerve direction.

7. (Original) The system of claim 6, further comprising an electrode configured to sense a neuromuscular response of a muscle coupled to said depolarized nerve, the electrode being operable to send the response to the control unit.

8. (Previously Presented) The system of claim 5, wherein said K-wire has a first stimulation electrode at a distal tip of the K-wire.

9. (Previously Presented) The system of claim 5, wherein said system for establishing an operative corridor to a surgical target site is configured to access a spinal target site.

10. (Previously Presented) The system of claim 5, wherein said system for establishing an operative corridor to a surgical target site is configured to establish said operative corridor via a lateral, trans-psoas approach.

11. (Original) The system of claim 6, further comprising a handle coupled to at least one of said initial distraction assembly and one of said retractor blades, the handle having at least one button for initiating the electrical stimulation from said control unit to said at least one stimulation electrode.

12. (Previously Presented) The system of claim 6, further comprising a display operable to display an electromyographic (EMG) response of the muscle.

13. (Previously Presented) The system of claim 6, further comprising a touch-screen display operable to receive commands from a user.

14. (Previously Presented) The system of claim 5, wherein the stimulation electrodes are positioned near a distal end of at least one of the initial distraction system and one of said retractor blades.

Claims 15 -18 (Cancelled).

19. (Currently Amended) A method of accessing a surgical target site, comprising the steps of:

creating an initial distraction corridor through tissue extending between an incision point and a surgical target site via an initial distraction assembly including a K-wire and at least one dilator capable of being slideably passed over said K-wire;

distracting said tissue from said initial distraction corridor to a secondary distraction corridor with an instrument capable of being guided to said surgical target site along said at least one dilator of said initial distraction assembly and;

introducing a plurality of retractor blades for retracting said tissue from said secondary distraction corridor to create an operative corridor to said surgical target site; and

providing a control unit capable of electrically stimulating at least one stimulation electrode provided on said initial distraction assembly, sensing a response of a nerve depolarized by said stimulation, determining at least one of nerve proximity and nerve direction from said initial distraction assembly to the nerve based upon the sensed response, and communicating to a user at least one of visual indicia and audio communications representing at least one of said determined nerve proximity and said determined nerve direction.

20. (Currently Amended) The method of claim 19, wherein said instrument capable of being guided to said surgical target site along said at least one dilator of said initial distraction assembly comprises ~~step of distracting from said initial distraction corridor includes using~~ a secondary distraction system.

21. (Previously Presented) The method of claim 20, wherein said secondary distraction system includes at least two speculum blades capable of being moved generally apart from one another.

22. (Currently Amended) A method of accessing a surgical target site, comprising the steps of:
creating an operative corridor through tissue extending between an incision point and a surgical target site via a distraction assembly and a retraction assembly, wherein said distraction assembly comprises an initial assembly including an elongate inner element and at least one dilator, said distraction assembly further comprises a secondary instrument advanceable to said surgical target site along said at least one dilator of said initial assembly, and wherein at least one of said distraction assembly and retraction assembly includes at least one stimulation electrode;
electrically stimulating at least one stimulation electrode;
sensing a response of a nerve depolarized by said stimulation;
determining at least one of nerve proximity and nerve direction of said nerve relative to at least one of said distraction assembly and said retraction assembly based upon the sensed response; and
communicating indicia to a user representing at least one of said determined nerve proximity and said determined nerve direction.

23. (Cancelled)

24. (Previously Presented) The method of claim 22, wherein said operative corridor is established to a spinal target site.

25. (Previously Presented) The method of claim 22, wherein said operative corridor is established to a spinal target site via a lateral, trans-psoas approach.

26. (Previously Presented) The method of claim 22, wherein communicating to a user includes displaying at least one of alpha-numeric characters, light-emitting elements and graphics representing an electromyographic (EMG) response of the muscle.

27. (Previously Presented) The method of claim 22, wherein communicating to a user includes audibly communicating sounds representing an electromyographic (EMG) response of the muscle.

28. (New) The system of claim 6, wherein said control unit is further capable of determining said at least one of nerve proximity and nerve direction by determining a threshold stimulation level required to evoke said neuromuscular response by establishing first a bracket containing said threshold stimulation level and bisecting said bracket to form a smaller second bracket containing said threshold stimulation level.

29. (New) The method of claim 19, wherein said step of determining at least one of nerve proximity and nerve direction includes determining a threshold stimulation level required to evoke said neuromuscular response and wherein said step of determining a threshold stimulation level includes establishing first a bracket containing said threshold stimulation level and bisecting said bracket to form a smaller second bracket containing said threshold stimulation level.

